

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2288

CERTIFICATE OF DEATH

BIRTH NO.		1. PLACE OF DEATH		2. USUAL RESIDENCE	
A. COUNTY <i>Maricopa</i>		B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE OR RURAL) <i>Wickenburg Rural</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) <i>Mashville</i>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <i>2 1/2 mi. N. Wickenburg Highway 89</i>		E. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>306 3rd Ave. Mach</i>			
3. NAME OF DECEASED		4. SEX		5. COLOR OR RACE	
A. (FIRST) <i>Robert</i>		B. (MIDDLE) <i>V</i>		C. (LAST) <i>Boefish</i>	
6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH		8. AGE	
MONTH <i>Nov</i> DAY <i>11</i> YEAR <i>1919</i>		YEARS <i>31</i> MONTHS <i>5</i> DAYS <i>2</i>		IF UNDER 24 HOURS MIN.	
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).		9B. KIND OF BUSINESS OR INDUSTRY <i>Savings & Loan</i>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Ohio</i>	
11. CITIZEN OF WHAT COUNTRY? <i>USA</i>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>1st World War #2</i>		13. SOCIAL SECURITY NO. <i>None</i>	
14. FATHER'S NAME <i>John Henry Boefish</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Ohio</i>		15A. MOTHER'S MAIDEN NAME <i>Milla Cleveland</i>	
16. INFORMANT'S SIGNATURE <i>Martin Boefish</i>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>4 - 13 - 51</i>		15B. BIRTHPLACE (STATE OR COUNTRY) <i>Mich</i>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).		I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Fracture Skull & Neck</i>		<i>Instantaneous</i>	
*THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.		ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) <i>Autonoble appt</i>			
PLACE DISEASE CONTRAICTED.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) <i>Accident</i>		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <i>Highway 89, north of Wickenburg</i>		21C. CITY OR TOWN (COUNTY) (STATE) <i>Wickenburg Maricopa Ariz</i>	
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <i>4 13 51 7P M</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW AND INJURY OCCURRED <i>Autonoble upset</i>	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON <i>4-13-51</i> 19 <i>51</i> , AND THAT DEATH OCCURRED AT <i>7P.M.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE (DEGREE OR TITLE) <i>Thos Dracian MD</i>		23B. ADDRESS <i>Wickenburg, Arizona</i>	
23C. DATE SIGNED <i>4-14-51</i>		24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <i>4-15-51</i>	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Mashville Tennessee</i>		25A. DATE REC'D BY LOCAL REG. <i>4-14-51</i>	
25B. REGISTRAR'S SIGNATURE <i>Martin Coffinger</i>		26. FUNERAL DIRECTOR'S SIGNATURE <i>H. L. Coffinger</i>		27. EMBALMER'S SIGNATURE <i>H. L. Coffinger</i>	
CERT. NO. <i>188-A</i>					